EPA ID Number: | | | | | | | | | | (REQUIRED FIELD) Facility Address: City, State, Zip: Facility Phone: (_____) Contact Name/Title: Mailing Address: City, State, Zip: Contact Phone: (_____) ____ EXT_____ Cell Phone or Pager: (___) Contact E-Mail: FOR OUTSIDE CONSULTANTS ONLY: Consultant Name: Consultant Address: City, State, Zip: Consultant Phone: (____) ____ EXT_____ Yes, I will be filing. Please send the reporting materials to the Contact person at the address listed above I Would Like To Register for On-Site Training Session ☐ 10:30 AM January 11, 2006 - Glendale ☐ 1:30 PM DTSC – Region 3, Conference Rooms 5 and 6 (Capacity 55) 1011 North Grandview Avenue Glendale, California 91201 ☐ 10:30 AM January 17, 2006 - San Diego ☐ 1:30 PM SWRCB – Region 9, Regional Board Meeting Room, 1st Floor (Capacity 125) 9174 Sky Park Court, Suite 100 San Diego, CA 92123 January 19, 2006 – Berkeley ☐ 10:30 AM ☐ 1:30 PM DTSC - Region 2, Auditorium 1 (Capacity 73) 700 Heinz Avenue, Suite 200 Berkeley, CA 94710 January 24, 2006 - Cypress ☐ 10:30 AM ☐ 1:30 PM DTSC - Region 4, All-Staff Conference Room (Capacity 80) 5796 Corporate Avenue Cypress, CA 90630 January 26, 2006 – **Sacramento** 10:30 AM ☐ 1:30 PM DTSC – Region 1, Board Room, 1st Floor (Capacity 140) 8800 Cal Center Drive Sacramento, CA 95826 **No**, I won't be filing, for reasons identified below: EXEMPT 2005 ONLY. I certify that this facility generated less than 2200 lbs of RCRA hazardous waste in any single month or less than 2.2 lbs of acute hazardous waste in a single month. ESTIMATED RCRA WASTE GENERATED FOR 2005: _____TONS I understand that I do not need to file an additional exemption form for this facility if the exempt box is marked above. All requests for exemption will be reviewed for accuracy. Signature: ____ Date: _____

2005 HAZARDOUS WASTE REPORT QUESTIONNAIRE

Mail to DTSC to the address on the reverse side or fax to (916) 322-1005.